

PO/000 94324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

3-31-0



700173034087

03/30/10--01014--008 **35.00

FILED

2010 MAR 30 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA

SG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Telzuit Medical Technologies, INC.
(Name of Corporation)

DOCUMENT NUMBER: P010000 94324

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WARREN STOWELL

(Name of Person)

(Name of Firm/Company)

2704 SHAD LANE

(Address)

BENEVA FL 32732

(City/State and Zip Code)

For further information concerning this matter, please call:

WARREN STOWELL

(Name of Person)

at (407) 349 0812

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**RESIGNATION OF REGISTERED AGENT
FOR A CORPORATION**

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,
Florida Statutes, the undersigned, WARREN STOWELL

(Name of Registered Agent)

hereby resigns as Registered Agent for Telzuit Medical Technologies, Inc

(Name of Corporation)

PO1000094324

(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.

Warren Stowell

(Signature of Resigning Agent)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR 30 AM 11:04

FILED

Fee for filing this document:

\$87.50 - Active corporation

\$35.00 - Administratively dissolved/voluntarily dissolved/
withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314